

## **Homeless Shelters**

### ELIGIBILITY APPLICATION REQUIREMENTS

#### INSTRUCTIONS ON FILLING OUT THE ELIGIBILITY APPLICATION FORM

**Due to the Federal Regulations Kansas Federal Surplus Property is doing the required Certification of Eligibility. Applications by regulation are required to be renewed every three (3) years or when a new authorizing official comes into office. Please note that it is the RESPONSIBILITY of the applying organization to provide ALL APPLICABLE AND NECESSARY DOCUMENTATION for review to Kansas Federal Surplus Property (KS FSP). Failure to provide necessary documentation will delay approval of the application and therefore prohibit your agency from receiving Federal property. KS FSP may require additional information other than what is listed, on a case by case scenario.**

Please provide the following:

1. Eligibility Application packet with all requested information properly completed and signed by the **Director or Equivalent on each of the six (6) pages.**
2. On a separate page; on **OFFICIAL LETTERHEAD** provide a Narrative, which includes the following information:  
Maximum number of individuals and families that can be accommodated.  
Number of homeless individuals and families assisted last year.  
Hours of operation  
Number of Employees: Full-Time, part-time, and volunteers  
Number of locations and physical address for each location operated.  
Any additional information you wish to provide  
**(Required with Application)**
3. Provide the RNO (Race and National Origin) profile of your service area  
Census Data which can be found at this web site:  
<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>  
Community Facts: you must enter your county information in the search box; then click GO  
Once on your county page go to:  
2017 American Community Survey  
Click on: Demographic and Housing Estimates (Age, Sex, race, Households and Housing, ...)  
**(Required with Application)**
4. Sources of Funding  
Copy of latest financial statement  
**(Required with Application)**
5. Copy of Articles of Incorporation  
**(Required with Application)**
6. Copy of 501(c) – IRS Determination (if filing as a non-profit) or proof of Public Agency Status (if filing as a public agency: ordinance, act, etc.)  
**(Required with Application)**
7. Copy of Licenses / Accreditation / Approval (Dept. of Human Services, State Board of Health)  
**(Required with Application)**
8. Written recognition by mayor, county judge, or local health department administrator that the organization is providing a specific service to the homeless  
**(Required with Application)**
9. Copy of fire code (if applicable)

**All pages must be signed by Director or Equivalent**

Please retain a copy for your records.

Any Questions concerning the required documentation, or the application process call our office at (785) 296-2351  
Monday – Friday 8 AM to 4:30 PM.

- E-mail: [fedsurplus@ks.gov](mailto:fedsurplus@ks.gov)
- Fax (785) 296-4060
- Mail: Federal Surplus Property  
2830 SW Kanza Drive Topeka, KS 66606 ATTN: ELIGIBILITY